

Innovation in Health Insurance: Service Quality as a Key Factor

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Abstract:

Service quality can be regarded as one of the critical success factors that influence service sector organizations. Quality of service has been revealed to be the key factor in search for sustainable competitive advantage, differentiation and excellence in the service sector. Service based organizations have to continuously improve both the perception and realities of the quality of service. In this world of changing dynamics, the service sector organizations have to develop new strategies that would satisfy the ever increasing customer needs regarding service quality. The relationship, however, between the service quality and satisfaction is sometimes, debatable, still, the importance and significance of service quality cannot be ignored.

In recent years health insurance has been treated as growing and lucrative business in financial service sector both in the developed and the developing countries. It is imperative for the health insurance stakeholders to focus on quality attributes. It can be viewed that health insurance companies can differentiate themselves from competitors by providing high quality service which can lead to higher consumer satisfaction. Taking health insurance as a growing financial service sector in developing economy like India, the framework of this paper attempts to conceptualize and explore the essential quality attributes of health insurance services on various dimensions. It attempts to identify some of the relevant service quality attributes that has impact on customer-satisfaction focusing on the Indian healthcare sector. The purpose of the present research is to identify the various quality attributes based on comprehensive compilation of literature and further to propose a conceptual framework of service quality for health care insurance based on the review of literature.

Keywords: Service Quality Attributes; Insurance; Health Insurance; SERVQUAL; Health Care.

I. INTRODUCTION

Today the healthcare industry has emerged as one of the most challenging sectors as well as one of the largest service sector industries in India (Rajashekhar, et. al., 2009). Research going on the domain of quality of service in recent years has gained much prominence; but because of its intangibility, it becomes extremely difficult to define and measure it (Bolton and Drew, 1991a; Boulding, et. al., 1993). Difficulty in measurement of quality of service leads to different interpretations by different stakeholders. It is to be taken into account that health and socio-economic developments are closely intertwined that it becomes impossible to achieve one without the other. To provide good quality of service is of great strategic importance in the field of service management in any organization. In India, healthcare has been a neglected area by the government. To cope up with the health care sector in rural India is to get a sound infrastructure and making sure that it has implemented to perfection. Consequently, it is essential that 'quality of service' in health insurance must be given proper attention. Primary health insurance services substantially affect the general health of the population; however, many factors undermine the quality and efficiency of primary health care services in developing countries. Despite of the availability of services and products at rural based health markets, it is unfortunate that rural India do not trust it. The attributes pertaining to quality to each and every process and function remains a missing factor in service based sector (Basu and Biswasb, 2012).

Moreover, the relationship between the service quality and satisfaction is debatable. Quality of service is regarded as one of the critical success factors that influence the competitiveness of any service organization. In India, consumers in any service sector are in strong position of expectation due to position of significant growth of service based organizations. Service based organizations have to continuously improve the quality of their services. Changing dynamics and competitive environment of the service sector organizations have to develop new strategies that would satisfy the ever increasing needs of customer. Taking healthcare as a growing service sector in developing countries, attempts are needed to explore the attributes based on quality of services. Efforts are needed to find the service quality attributes pertaining to service based sector focusing on the Indian health care insurance sector.

In spite this, the Indian Health Insurance Industry, though still small in size and dynamic compared to other countries, has also benefited from the economic growth. Internal marketing is important strategy to boost a service that will make the customer satisfy (Bolton and Drew, 1991). Starting with the concept of service quality, customer satisfaction and followed by different models of measuring service quality but focusing mostly on SERVQUAL Approach, is the most common method for measuring service quality. Since SERVQUAL Model is a comprehensive method, it is adopted and deployed to encompass various aspects of service quality. The SERVQUAL Scale is for measuring the quality of service (Parasuraman, et. al., 1985; Parasuraman, et. al., 1988).

Service – Defined

The distinction between goods and services is not always perfectly clear. In general, goods can be defined as objects, devices, or things, whereas, services can be defined as deeds, efforts, or performances (Berry, 1980). Service is a social act that occurs directly between the consumer and representatives of the service corporation. A service might be as simple as handling a complaint or as complex as a home mortgage. Many organizations are pure service business as their products are intangible. Education, banking, insurance, defense, municipal services,

welfare services, legal services, health services are some examples of services. The companies have now switched their competitive focus to the provision of unmatched and unparalleled customer services (<http://shodhganga.inflibnet.ac.in>).

Quality – Defined

Quality is usually thought in terms of an excellent product or service that fulfills or exceeds any ones expectations. These expectations are based on the intended use and the selling price. Products are determined by their quality. Based on observation, it is considered elusive. Quality can be quantified as $Q = P/E$. Where Q = quality, P = performance and E = expectations. Quality is a complex phenomenon based on perceptions by individuals with different perspectives on products and services. These perceptions have been built up through the past experience of individuals and consumption in various contexts. Quality has many definitions: Quality is conformance to requirements (Crosby, 1982); Quality is fitness for purpose (Juran and Gryna, 1980) and; Quality is a predictable degree of uniformity and dependability, at low cost and suited to the market (Deming, 1982).

Service Quality

The role of service quality is recognized as being a critical determinant for the success of an organization in a competitive environment. Improvements in service quality have been linked to increased profit margins, lower costs, and positive attitude towards the service by customers, and willingness of customers to pay price premiums (Heskett, et. al., 1997; Halstead, Casavant and Nixon, 1998; Zeithaml, 2000). Customer Perception of service quality for an organization is intimately linked to internal service quality (Cronin, 2003).

II. LITERATURE REVIEW

Measuring quality of service is a challenging task because the concept can be regarded as intangible in nature and also very difficult to define (Kandampully, 1997). Measuring improvement in service quality is more challenging (Parasuraman, et. al., 1990). Various concepts have been developed for quality of service from the Nordic View (Christian, 1984). Alternatively, few other concepts have also been developed as the American View (Parasuraman, et. al., 1988). From the perspective of Nordic View, the service quality is based on two dimensions i.e., functional and technical quality. Whereas, from the perspective of American View, the service quality is based on five: tangibility, empathy, assurance, reliability, and responsiveness. There is also a three dimensional concept of service quality, they are: service product, service environment, and quality service delivery (Rust and Oliver, 1994).

Service quality is defined as the global evaluation or attitude of overall of excellence. Quality of service can be regarded as the difference between customer's expectation and perceptions of services delivered by service firms. Four various types of service based sector as banking, credit card companies, automobile repair shops, and long distance telecommunication companies related research showed that quality of service has dimensions as reliability, responsiveness, competence, access, courtesy, communication, credibility, security, understanding the customer, and tangibility. Later on in 1988, these ten dimensions were being cut down to five ones: tangibility, reliability, responsiveness, assurance and empathy. *Tangibility* is physical evidence in service facility e.g., equipment. *Reliability* is the ability to provide services accurately and dependably. *Responsiveness* is readiness or quickness in responding to customer's needs. *Assurance* is the courtesy and knowledge of the employees and

their ability to convey trust and confidence. *Empathy* is the individual attention with care given to customers (Parasuraman, et. al., 1985). Qualities of service and customer satisfaction have been considered as the two sides of same coin.

Satisfaction is a function of the disconfirmation of performance from expectation (Oliver, 1980). Satisfaction is also a function as evaluative, affective or emotional response (Oliver, 1989). Five factors of service quality for healthcare includes: healthcare delivery system, interpersonal and diagnostic aspect of care, facility, quality of drug and health personnel conduct (Narang, 2010). In one of the multi-specialty hospital in Ahmadabad five factors of service quality were identified as: admission, medical service, overall service, discharge and social responsibility (Aagja and Garg, 2010). Involvement of human activities in the service situation with emotions with approaching towards love for the patient and positive patient outcomes such as pain relief, life saving, and dealing with anger, or disappointment with normal life after medical interventions (Bowers, et. al., 1994). Other issues of service quality are based on primary patient satisfaction. The determinants include: admissions, discharge, nursing care, food and housekeeping, and technical services (Woodside, et al., 1989). Patient satisfaction as predicted by factors relating to caring, reliability, empathy, as well as responsiveness (Tucker and Adams, 2001).

Dimensions influencing patient evaluations are conduct of physicians, availability of service, continuity, confidence, efficiency and outcomes (Ware, et. al., 1978). Dimensions to capture patient's healthcare evaluation include core services, customization, professional credibility, competence and communications (Fowdar, 2007). It has been revealed that quality and customer satisfaction are inter-related (Beerli, et. al., 2004). Quality of service has become one of the most attractive areas for research in the service sector (Avkiran, 1994; Stafford, 1996; Johnston, 1997; Angur, et. al., 1999; Bahia and Nantel, 2000; Lasser, et. al., 2000; Sureshchandar, et. al., 2002; Gounaris, et. al., 2003; Choudhury, 2008). Quality literature in service sector abounds with implementation of various quality management includes the practice of total quality management in developed and developing countries (Potter, et. al., 1994; Kohli, et. al., 1995). There are four different measurement models: SERVQUAL, Weighted SERVQUAL, SERVPERF, and Weighted SERVPERF. Out of them, Weighted SERVPERF is considered as the best (Cronin, et. al., 1992). Service Quality Model in health care may be presented as below:

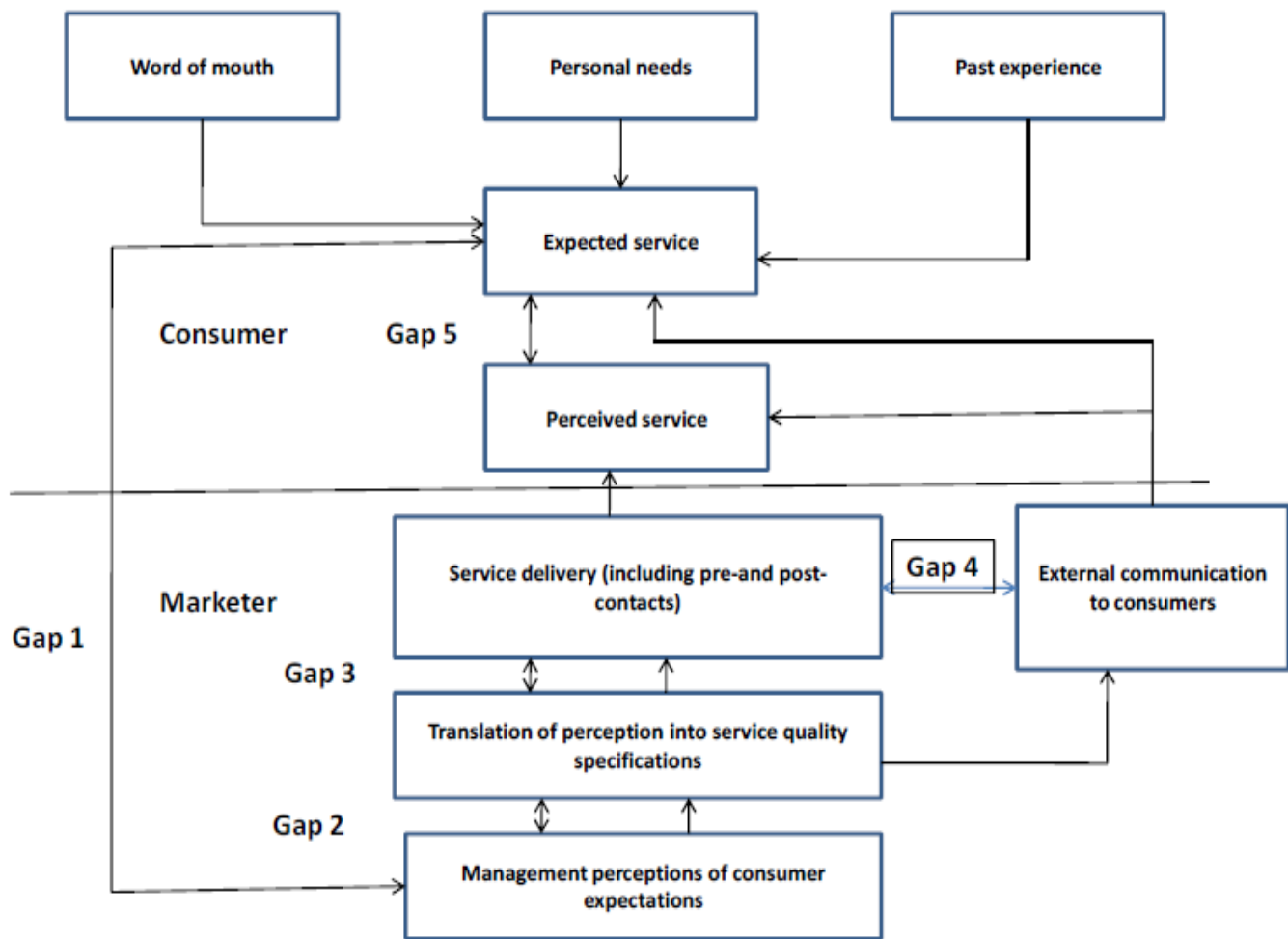


Fig. 1: Service Quality Model in Health Care
(Source: Parasuraman, et. al., 1985)

III. OBJECTIVE OF THE STUDY

The main objective of the study is:

To redefine SERVQUAL attributes with special reference to health care insurance organizations.

IV. SERVQUAL ATTRIBUTES IN HEALTH CARE INSURANCE ORGANIZATIONS

SERVQUAL attribute may be defined and the modified definition for Health Insurance Care Organizations may be presented as follows:

S. No.	SERVQUAL Attribute	Definition	Modified Definition for Health Care Insurance Organizations
1.	Reliability	Ability to perform promised service	Speed of registration, Issuance of Policy Document, speed of service delivery Including TPA (Third Party Administrator) services, accuracy and speed of treatment and Claim Settlement. Policy Holder should be able to trust on the staff of

		dependability and accurately.	the insurance organization and third party administrators. Policy Holder should be positive that their claim being settled well in time. Policy Holder should be able to feel safe and secured in all the financial transactions with insurance organization.
2.	Responsiveness	Willingness to help customers and provide prompt service.	Speed of response to complaints and claims, concern to Insurer, Policy Holder, insured and desire for help. Policy Holder should be well aware and of belief about the type, continuance, and quality of deliveries from the Health Insurance Organization. Policy Holders should expect all possible, prompt and quality service from Health Insurance organization. Policy Holders who register claim should expect prompt and assured service from employees of the insurance company regarding acknowledgement of receipt of claim lodgment, claim processing time required, claim sanction, settlement, claim disbursement, etc. Employees of the insurance organization net work hospitals and TPA should always be willing to help their policy holders, and other stakeholders. Employee of the insurance organization should address policy holder's set of questions and query appropriately about any claim, process / procedure. Policy clause, cashless medical facility and their consequences, cashless medical facility, claim process, hospitalization process should be explained to the policy holder very clearly. Claim payment terms and conditions should be explained to the policy holder, patient and his family members. Line of treatment should be explained to the patient and/or care taker very clearly. Discharge formalities, timings, post discharge medical prescription should be explained to the patients' family.
3.	Assurance	Knowledge and courtesy of employees and their ability to inspire trust and confidence.	Financial security for medical treatment and rehabilitation, concern and attitude of nurse, medical and Para-medical staff, doctors, health insurance company, TPAs towards patients, insurance policy holders towards patients, insurance policy holders, and room attendants, etc. Patient's food and medicine should be delivered on time to time. When staff of the insurance company promises to do something by a certain time, they should do it. Deliveries of services as committed should be taken care of by the health insurance organization. Insurance Organization should keep policy holder's records

			accurately and systematically to serve them properly, appropriately. Medical care provider should keep patients' records systematically and accurately.
4.	Empathy	Caring, individualized attention the firm provides its customers.	Personalized medical Insurance, products and riders as well as combination of module medical products at special tariff. Easy and personalized communication regarding query handling, claim lodgment, sanction, settlement, disbursement and appropriate feedback system. Attention and patience of the nurses, medical and Para-medical Staff, and doctors towards patients and family members looking after patient. Policy Holder should expect insurance organization employees to know what they need from them. Policy Holder should expect Third Party Administrators to give them their personal attention and quick and personalized response. Patients and care taker should expect employees of hospitals to know what they need from them for themselves and the patient as well. Patients should expect nurses to give them their personal attention and due care.
5.	Tangibles	Physical facilities, equipment, and appearance of personnel.	Good physical facilities at insurance company and TPA are expected. Availability of appropriate medical diagnostic and treatment facility, add on hospitality services and deliveries as per policy document, medical devices, cleanliness and tranquility of patient room, choices of menu and potion, furniture are present in patient room, availability of electricity for emergency, pathology lab, rehabilitation centre, recreation room, physical presence of staff and employees, etc. The network hospital must have following: They should have better equipment and technology; Availability of physical facilities should be visually appealing; Hospital Bathroom should be very clean; Water purifier should have good company; Room should be clean and clear; Meals should be nutritious and better in taste; Food should be fresh; Staff should respect privacy and good behave; Room should be quiet and; Insurance companies and hospital's parking should be convenient.
6.	Competence	Possession of required skills and knowledge to perform the service.	Competence of insurance company about customer and agent relationship, corporate governance, customer satisfaction, technology adoption and up gradation, risk measurement, risk mitigation and transfer, reinsurance, compliance with Insurance Authorities of the country, other legal compliance,

			new product development, business competition, survival and growth, brand management, etc. The network hospital must have competency regarding Doctor's qualification, qualification of staff in hospital, experience, expertise, reputation, professional excellence of doctors, NABH and other accreditation.
7.	Access	Approachability and ease of contact.	The easy access to the insurance agent, insurance company, TPA and network hospitals as well online e-commerce supported internet facility and websites along with service outsourced company. The network hospital must have good access to number of doctors sitting in the chambers and number of rounds taken/day/week.
8.	Courtesy	Politeness, respect, and friendliness.	Politeness of the employees and staff to insurance policy holders and beneficiaries. Behaviour of the TPA, medical and Para-medical staff and doctors towards all stakeholders. Employees and insurance agents should be polite during policy proposal discussion, finalization, claim procedure, etc. Hospital employees should be polite during housekeeping process. Behavior of nurses should be very polite and cheerful.
9.	Communication	Keeping customers informed in language they can understand and listening to them.	Strong communication skills of insurance agents, company officers, TPAs, etc. The network hospital must have following competency: counseling facility, communication and ITC, computerized registration facility, computerized billing facility and computerized dispensary, automated telephone facility, computer net work, internet and intranet facility, etc.
10.	Credibility	Trustworthiness, believability, honesty. It involves having the customer's best interests at heart.	The insurance company must have credibility for sound financials, reserves and surpluses whether statutory or voluntary, claim settlement and assets. The network hospital must have trustworthiness regarding medical facility and treatment, doctor's faith and belief.
11.	Security	The freedom from danger, risk, or doubt.	Appropriate measures regarding safety and security of assets and investments of insurance company. The network hospital must have CCTV and camera surveillance, fume, fire and danger alarm, emergency exit, fire proof arrangement, accidental facility and general safety and security of patient and patient care takers and their assets as well as all employees.

12.	Understanding /Knowing the Patient	Making an effort to understand the customer's needs.	To understand the need of present policy holders and probable and potential policy buyers. To know what type of diseases patient suffering from and what type of problem arises to patient. To know what type of diseases is covered in the policy document/ wordings the policy holder suffering from and what type of problem arises to the policy holder.
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V. DISCUSSION

Based on the comprehensive compilation of literature and above mentioned modified definition of service quality dimensions pertaining to health care insurance sector, the following influential attributes are identified: tangibility, empathy, assurance, reliability, responsiveness, competence, access, courtesy, service, communication, credibility, security, customer understanding, healthcare delivery system, interpersonal and diagnostic aspect of care, facility, quality of drug and health personnel conduct, social responsibility, psychological counseling, technical service, quality physicians, trustworthiness (Basu and Biswasb, 2012). The details of consolidated major ones are as below:

Tangibility

Values based on tangibility can be measured in terms of agility in the healthcare operations. It is associated with the furniture's and equipments present in the patient room, doctors chambers, operation theaters, labs, insurance company office, TPA's office, etc. It is measured in terms of how fast the patients can be given admission to the hospital and the efficiency associated with the information systems. Due attention and care must be given regarding the installation of ERP systems in both the private and public hospitals especially in the rural health sector for ensuring quality of service for measuring the tangibility dimensions. Infrastructure comes under the area of tangibility measure which includes financial resources also. The facilities require not being appealing visually but must be hygienic also. Hence, tangibility can be regarded as elements of service quality (Sureshchandar, et. al., 2002).

Empathy

Empathy refers to the individual attention being given to the customer or patients here in. Patients must be given friendly and caring attention by doctors, nurses and other staff members of the concerned health centre (Basu and Biswasb, 2012).

Assurance

The approach towards assurance refers to all the arrangement and activities that lead to safeguard, maintenance, and promotion of service quality in context to healthcare delivery system. It is related to trust amongst the patient or incumbent and the service provider in the sense that proper healthcare delivery service need to be delivered. The dimension of trust factor is to influence the confidence of the patient on the hospital. It can be compared to as online service component which can be considered as a customer satisfaction (Balasubramanian, et. al., 2003). In more generalized term, assurance is the ability to provide service as promised as a necessary aspect of healthcare service delivery (Parasuraman, et. al., 1985; Sureshchandar, et. al., 2002).

Reliability

Healthcare reliability refers to confidence that the patient will receive the accurate and correct treatment and care. Apart from the treatment the patient will receive all other attention as needed. Proper and correct monetary transaction and billing is one of the important sub-factors of reliability (Basu and Biswasb, 2012). Reliability also includes the belief of getting immediate and proper treatment without refusal of admission in hospital in case of emergency.

Responsiveness

Responsiveness is the ability of the hospital or the health centre authority to respond to what the patient or customer want. Proper responses to patients include ease of getting appointments, ambulance service, simplicity of admission and discharge (Basu and Biswasb, 2012).

Findings

Findings of the study are represented in the form of outcome in modified definitions of service quality attributes, SERVQUAL, for Health Care Insurance Organizations in the above table. The findings will help further to generate questions for framing service quality related questions to be asked for scaling out the service quality in health care insurance organizations.

VI. CONCLUSION

For any hospitals understanding the need of the customers is marked as the starting point of their journey. The hospitals or healthcare centers can use the service quality perceptions as voice of the customers and consumers. As being evident from the literature, hospitals and healthcare centers must be aware of their various quality requirements in order to satisfy the patients and care taker's need. The patients and customers in turn would spread their word of mouth which is in turn would persuade among their families and friends for such referral. Despite the substantial work undertaken in the area of measuring the quality of service, there is still no consensus yet as to which one of the measurement scales is being robust enough for measuring and comparing the quality of service (Basu and Biswasb, 2012). Based on the attributes of service quality in health care insurance sector being identified, the study can be beneficial to the quality managers, health care entrepreneurs, managers as well as administrators of various public and private hospitals, healthcare centers and the health care insurance companies and their outsourcing agencies.

Diagrammatic presentation of the conceptual framework of service quality for health care insurance may be presented as follows:

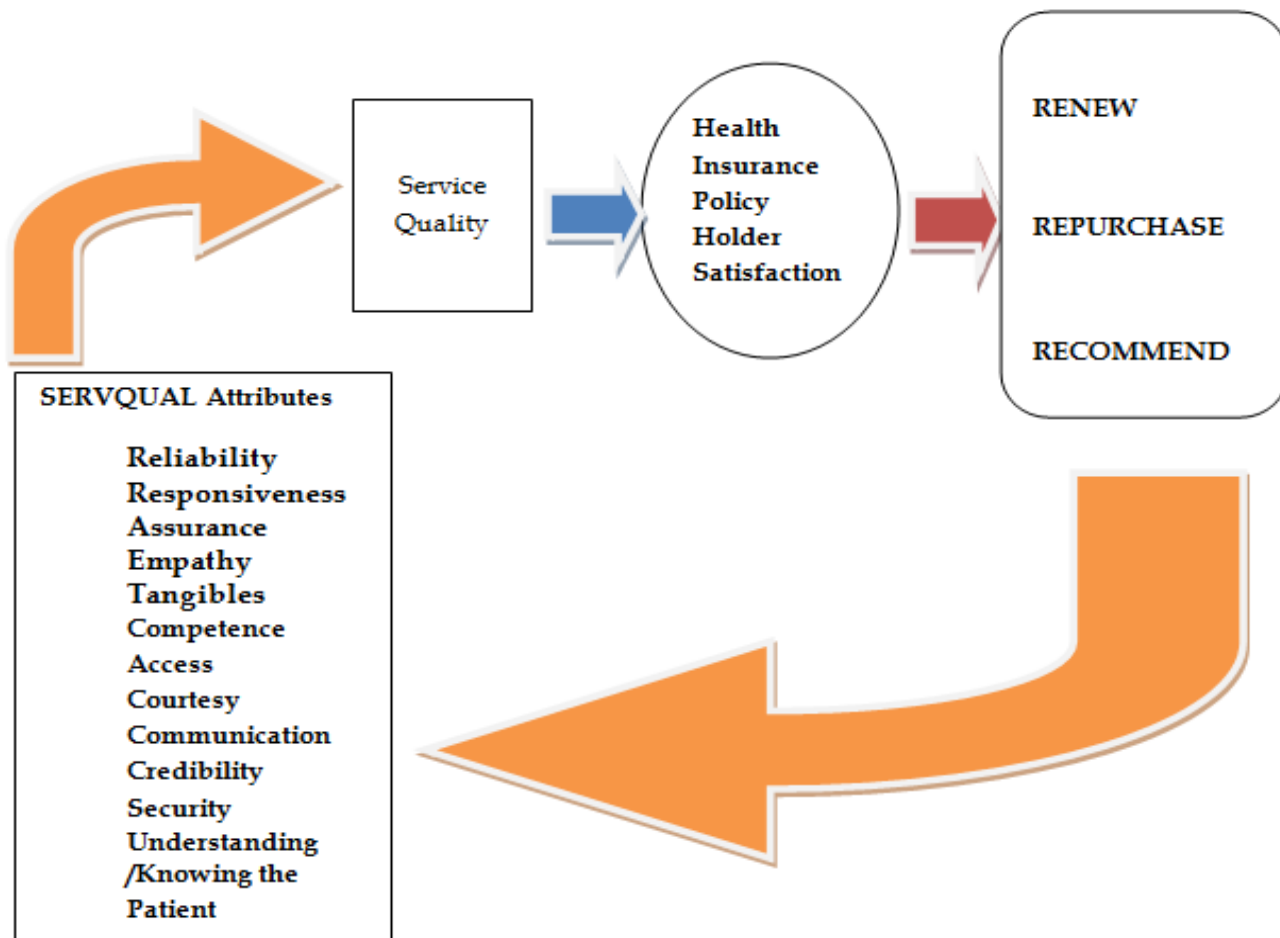


Fig 2: Conceptual Framework of Service Quality for Health Care Insurance

The path analysis can be understood in the form of Service quality → Patient Satisfaction → Quality of Service. Policy makers as well as entrepreneurs involved in health care insurance delivery services that are essential to improve the healthcare sector, there is a need to comprehend the interaction between all stakeholders and the working environment which needs to be complete with all the equipment and necessary resources for employees to perform, employee satisfaction and thus, customer satisfaction. Finally, there is a need to appreciate and address the emotional intelligence factors of the workforce which is being critical to success in service provision (Basu and Biswasb, 2012).

VII. SUGGESTIONS

All aspects of the service quality should be considered in aggregate with the macro view but ensuring micro view at quality determination at each entity level. The modified definitions, further, can be validated and extended by the empirical research.

VIII. IMPLICATIONS

The concept of service quality is important for health care insurance sector. The study implies that the health care insurance companies are needed to redefine service quality concept in their own domain. Service Quality standardization is the need of an hour in health care insurance sector. Standardization as well as measurement, and accordingly gradation of insurance companies is needed to recognize the efforts of good quality service practitioners that again provides a justified base for charging premiums accordingly. IRDA's role is inevitable and essential in this specific context.

IX. SCOPE FOR FURTHER RESEARCH

The academicians and quality researchers also can take input from the study to change their implementation approach pertaining to the subject of service quality in health care insurance sector. There is also a scope to enhance the study by making a quantitative analysis of the same. The future study can be extended by adopting triangulation by using different research methods to test the same findings in order to affirm the proposed conceptual framework (Babbie, 2009). Hospitals, TPAs, Insurance companies may be treated as an independent entity for service quality research.

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